

[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Email Address]
[Your Phone Number]

[Date]

[Agency Name]
[Agency Address]
[City, State, Zip Code]

Subject: Formal Request to Opt-Out of Personal Information Sharing/Sale

To Whom It May Concern,

I am writing to formally request that you cease the sharing, selling, or distribution of my personal information to third parties. This request is made in accordance with applicable privacy laws and regulations regarding my right to limit the use of my personal data.

Please use the following information to identify my records in your system:

- Full Name: [Your Full Name]
- Account Number (if applicable): [Account Number]
- Associated Email: [Your Email Address]
- Associated Phone Number: [Your Phone Number]

Specifically, I request that you:

1. Opt me out of any future sale of my personal information.
2. Opt me out of the sharing of my personal information for cross-context behavioral advertising or marketing purposes.
3. Limit the use of my sensitive personal information to only what is necessary to provide the services requested.

Please provide written confirmation once this request has been processed and my information has been removed from your distribution lists.

Sincerely,

[Your Signature]

[Your Printed Name]